REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/526676

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			$
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$
	7 TOTAL AMOUNT OF REFUND		$

8 TO BE REFUNDED BY:

	Treasury Check
	Credit Deposit A/C #:

9 [ ][ ][--][ ][ ][ ]

10 REASON:

	Overpayment
	Duplicate Payment
	No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____   TITLE: _____

SIGNATURE: _____   PHONE: _____

OFFICE: _____

07/22/2005 PKIDUELL 00012525788
Recln. Ref:
Name/Number:10526676
$500.00 CR

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: